FOR BINDING

MARGIN RESERVED

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Registration Dist. No. 333 Village or City. Substituting Month (it death occurred in a horpital arimitation, give in NAME intended attreet field number) Length of residence in City or town where death occurred. VILL NAME. (a) Residence: No. Substituting Month (it death occurred in a horpital arimitation, give in NAME intended attreet field number) (b) Residence: No. Substituting Month, and substituting Mon	STATE OF MARYLAND—	CERTIFICATE OF DEATH 14753
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14754
1. PLACE OF DEATH ,	23)
County lucanula.	Registration Dist. No. 333
Village or City allen and	No. St., Ward
(If Length of residence in city or town where death occurred/)yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and humber) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ROLLERON Barchlow	
(a) Residence: No. Allen, Mid	St. — Ward.—
(a) hesidence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Ba. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 21 19/14	I last saw h. Valive on Wing 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date slated above, at 12 20 m.
17 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8 Trade profession or particular	Date of onset
9. Industry or business in which	1931
SAW MILL, BANK, etc.	
O 10. Date deceased last worked et alout this occupation (month and year).	
12. BIRTHPLACE (city or town) aller	Other Contributory Causes of importanca:
(State or country) and	
13. NAME Burn Barehley	
14. BIRTHPLACE (city or town) Privales Chine	Name ef operation Dete of
(Stelle of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laws Classiff 16. BIRTHPLACE (city or town) fi willowd	23. If death was due to externel causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) to sulloyed	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (19 um (19 artfaley	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) allen / Gr d	•••••••••••••••••••••••••••••••••••••••
Place Flaures Hill Joen Date LOLP 30 1931	Manner of injury
Ca DIA - A	Nature of Injury
19. UNDERTAKER James # Selliar	24. Was disease or injury in eny way refeted to occupation of deceesed?
20. FILED Dee 30, 1931. William Turner. Registrar.	(Signed) Advant M.D. (Address) Qalahur 122
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

. Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 140	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN U 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V.	July 5, 1927	Peritonitis	3 days ago
	Bown			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Wie Guico	Registration Dist. No. 333
Village or City Salis been 1996	No. World in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME Baloy 15 um	5-ftill tom
(a) Residence: No. Salistony (A. f. A. (Usua) blace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH LOCULLULAR (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 12 -8 - 193	1 last saw h 19 3/4 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
0 0 1 day hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mill Comments
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. It Date deceased lest worked at this occupation (month and spant in this	man vom sugam
work was done, es SILK MILL, SAW MILL, BANK, etc.	
O Date deceased lest worked at this occupation (month end spent in this occupation)	
12. BIRTHPLACE (city or town) Salis Jung M.	Other Coutributery Causes of importance:
(State or country)	31
I 13. NAME Consour King.	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Rage This Survey 16. BIRTHPLACE (city or town) (State or country)	23.4f death wes due to externel causes (VIOLENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Correst Hung 7. 1. 1. Address) Salisbury, 17. 1. 1. 3	Specify whether injury occurred in INOÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clery, Mag. Oate Dec 7, 1931	Nature of Injury
19. UNOERTAKER Chief (acting) (Address) Salisbury (B. H. D. # 2)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec 9, 19.3/ V. May Turne Registrar.	(Signed) (Address) Dalasting M.O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUEEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
- A		8		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14757
1. PLACE OF DEATH	2.3
County Hicomico	Registration Dist. No. 333
Village or City Salishing	N. 308. Hasting St. 13 Ward
Length of residence in city or town when death occurred 5 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth? yrs mosds.
2. FULL NAME Sarah C. Culzer	
(a) Residence: No. 308. Vacting of Solitury	7 St., 13 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED ("write the hord)	21. DATE OF DEATH Dec. 23 (Pay) (Year)
Va. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph S. Culver	1 HEREBY CERTIFY That I attended deceased from 1931, to 1931
6. DATE OF BIRTH (month, day, and year) Sept. 2. 1860	I last saw h alive on 2 , 19); death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, a 7.30. 4. m.
71 3 21 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Julmonary lulestin
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased lest worked at this occupation (monthrand spent in this	
year) occupation (month and spent in this	
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of importence:
(State or country)	
13. NAME Warrief Bette	
14. BIRTHPLACE (city or town) Maryland	Name of operation Oete of
(State of conuty)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city er town) Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ankrown	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carl I Cultury height Balls Ma	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA Md, Dete Dec, 25, 131	Manner of Injury
19. UNDERTAKER Holloway & Co. (Address) Salishung & Manyland	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Dec 23, 134, & May Turne Registrar.	(Signed) Scalisly D.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , S. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. .

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Example I The principal cause of death and related causes Date of onset		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No.

	11300
1. PLACE OF DEATH ,	14100
County Torcomico	Registration Dist. No.
Village or City Turnskin	No. St Ward
. (11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME & HARUS & SINGE	Toriman
(a) Residence: No. Jugarenia Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luamadora Followan	22. (L - HEREBY GERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Teles 1871	Hast saw h 4 alive on (2 7 193/ death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 6 13 72m.
(1) 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	a poklejy Date of onact
To: Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Biralue Mg (State or country)	Dther Contributory Causes of Importance:
13. NAME Sliga Foreman	
14. BIRTHPLACE (city or town) Businality all	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Green lung 16. BIRTHPLACE (city or town) May (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Mrs. Almo davis (Address) Birely Md	(Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Jedurielle Date alca// ,195/	Nature of injury
9. UNDERTAKER Mrs College College College College	24. Was disease or injury in any way related to occupation of deceased? If so, specify
O. FILED Nec. 11, 1931 P. Wholford Walter Registrar.	(Signed) Alle Fills M. D. (Address) Nantuske M.D.
76 11 7 11 11 0 7	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Addross)

19. UNOFRTAKER

LION

18. BURIAL, CREMATION, OR REMOVAL

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Oay)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address) _____

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9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

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41/((/ (OO()(C) (OO())	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HYSI-

	PLACE OF DEATH	14
	County Microm ev	(159)
v	illage or City Slosting (No. Jun 14	ier a)
_	2FULL NAME a four / Sci	mbe
	PERSONAL AND STATISTICAL PARTICULARS	
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF
6	DATE OF BIRTH Dec 2 2 , 131	17 Oe
7	(Month) (Day) (Year) AGE If LESS than day3 hrs. or min.?	and that dea The CAUSE
500	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contribut
RENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)*State Violent C Accidental,
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	ients or Re
14	(Informant) Herman Jeineken	Where was disif not at place Former or usual residence
15	Filed Dec 24 19231, J. May Junes.	20 UNDERTA

14762

16 DATE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

MEDICAL	CERTIFICATE	OF DEATH
---------	-------------	----------

20-	e 24, 192/
	h)(Day) (Year)
	at I attended the deceased from
192 . to	,
hat I last saw h alive on	De 22, 193/,
nd that death occurred on the date	(7.1
he CAUSE OF DEATH * was as foll	
Plenetur	1)110-
() ()	
1000	200000000000000000000000000000000000000
	n)yrsds.
Contributory	
(Durstion	n)monds.
lighed)	1 (M. D.
(Address)	place for
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death or in deaths from
LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
ients or Recent Residents)	
t place deathyrsmosds.	In the State yrs mos ds.
here was disease contracted, not at place of desth?	***************************************
imer or	

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UN DERTAKER

ADDRESS

If more bianks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 June

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a r." etc., report specifically the occupations of persons Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the presence of Death—Name, first, the presence of the causation of Cause always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. Then ture of the injury, approved by Committee on Letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway troin—accident; Revolver wound of head—homicide; Poisoned by A merican Medical Association. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of as fracture of skull, and consequences e g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasulus," when a definite disease "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "Atrophy:" "Collapse." "Coma," "Convulsions, cough; Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature contributory

all this certificate is looked over thoroughly and all quistions allowed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

6

B

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Corcbral hemorrhage	July 5,1927	Perilonitis	3 days ago
EUREAU V.	1-1		
in the second se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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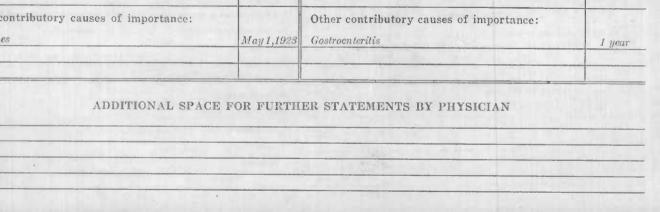
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	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



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Vallatien			
Other contributory causes of importance:		Other contributory causes of importance:	2
Gallstones	May 1,1923	Gastroenteritis	1 year

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i	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1	. PLACE OF) DEATH	158		
	County Licoruses	Registration Dist. No. 339		
	Village or City Mr Salisbury	No. St., Sward death occurred in a horpital or institution, give its NAME instead of street and number)		
	Length of residence In city or town where death occurred			
1	P. FULL NAME Sarfarest John	uson		
	(a) Residence: No. Salisbury, B.F.D. #3	St., 3 Ward.		
100000	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State		
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
0	Herriale Col Single (register the word)	(Month) (Oay) (Year)		
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I altended deceased from		
	Aca 3 1021	l last saw halive on19		
-	DATE OF BtRTH (month, day, and year) AGE Years Months Oays If LESS than	I last saw h; death is said to have occurred on the date stated above, at 3-30 am.		
	0 0 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
NO	8. Trade, profession, or parlicular	Date of onset		
OCCUPATION	SAWYER, BOOKKEEPER, etc	Over for the Account		
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	XILLIA JUSIN GING DE 1/83		
00	Date deceased last worked at this occupation (month and year)	· · · · · · · · · · · · · · · · · · ·		
12.	BIRTHPLACE (city or town) Salisbury, B.F. D. 3	Other Contributory Causes of importance:		
	(State or country)	16. 1		
FATHER	13. NAME Clarge Johnson			
FAT	14. BIRTHPLACE (city or town). Naticessee S.	Name of operation		
-	(State or country) M.d.	What test confirmed diagnosis? Was there an autopsy?		
MOTHER	15. MAIDEN NAME / lettle / grafe	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
MOI	16. BIRTHPLACE (city or town) Molecular (State or country)	Accident, suicide, or homicide?, 19, 19, 19		
	(State of Educaty)	(Specify city or town, county and State)		
17.	(Address) Sale Study, B. 4. D. #3. Mid.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
	Place Home Cesse Date Dec 17, 19.31	Nature of injury		
19.	UNDERTAKER harles Johnson acting (Address) July July (Address) # 1 md	24. Was disease or injury in any way related to occupation of deceased?		
20.	FILEO Dec 13, 1931 & may Tumer	(Signed) V. May June, , M.D.		
9	Registrar. If more blanks are provided address State Registrar.	(Address) And Mury, Man.		
	transfer of the state of the st			

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The second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Every WITH UNFADING INK-THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING WRITE PLAIN

V. S. No. 1

ould state

1. PLACE OF DEATH County Wicomico		(159)	3 5	5
oounty	· · · · · · · · · · · · · · · · · · ·			
Village or City Sharptou	(1)	NDNDNDNDNDNDNDNDNDNDNDND	St., tion, give its NAME instead of street and	number)
Length of residence in city or town where o		sds. How long In U.S. if o	f foreign birth?yrsm	os
2. FULL NAME Alton L.				
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town and	l State
PERSONAL AND STATIST			ERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Dec 16 1951/	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were as follows:	d above, at	Date of one
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this occupation			-
12. BIRTHPLACE (city or town) Sharp	atown	Dther Contributory Causes of Importance:		
(State or country)	138	A second		
14. BIRTHPLACE (city or town) Md (State or country)		Name of operation	Date of Was there an a	
15. MAIDEN NAME Ethel Lord 16. BIRTHPLACE (city or town) Md. (State or country)		23. If death wes due to external cause	ses (VIDLENCE) fill in also the following	g: , 19
17. INFORMANT Thomas K. Jons (Address) Sharptown		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		ACE.
18. BURIAL, CREMATION, DR REMOVAL Place Sherptown		Manner of injury		
19. UNDERTAKER W. D. Graveno: (Address) Sharptown			ey related to occupation of deceased?	

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(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

OCCUPA-

item of infor-

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	CE OF DEAT				159	1768
County Wicomico,					Registration Dist. No.	25
Villa	ge or CitySl	narptow	n, Md.	(10	ND. St., f death occurred in a hospital or institution, give its NAME instead of street at	Ward
Lengt	th of residence in cit	ty or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FUL	L NAME EM	erett.	Jones			
	Residence: No				St.,Ward.	
DE	RSONAL AN	DETATION	(Usual place		If nonresident give city or town	
3. SEX					MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male	OR DIVORCED (write the word)				100 22 1936 (Month) (Day)	, 193 (Year)
HUSBAI	d, widowed, or divo	rced			22. I HEREBY CERTIFY, That I attend	
(or) WI	FE 01				,19,to	
6. DATE OF	BIRTH (month, day	, and year)	t 28]	1931.	I last saw h alive on	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
		I	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc					Gremotive Listh. Cuft R.	
12. BIRTHPLACE (city or town) Md					Other Coutributory Causes of Importance:	
	e or country)	Tr To-			malnubilion.	
13. NAM 14. BIRT						
14. BIRT	HPLACE (city or too State or country)	wn)14d			Name of operation Date of	
~	15. MAIDEN NAME Ethel Lord				What test confirmed diagnosis? Was there a	
16. BIRT	HPLACE (city or tov State or country)				23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Thomas K. Jones (Address) Sharptown Md					(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE,
(Address) Sharptown, Md. 18. BURIAL, CREMATIDN, OR REMOVAL PlaceSharptown, Md. Date Dec. 24 [193].					Manner of Injury	
19. UNDERTAKER W.D. Gravenor & Bro (Address) Sharptown, Md.					24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. FILED	1		1.	. Mann Registrar.	(Signed) Mary E. Mann (Address) Sharph wn M	1
			-			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUNE TV.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Wicomice	Registration Dist. No. 333
Village or City Salushing Mid.	No. Jenusula General Horspita Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) 3
2. FULL NAME Plana Laus	, , , , , , , , , , , , , , , , , , ,
	st. 5 Ward.
(a) Residence: No. Salis Messes (Weus place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Solved Solve	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Line Wolfeld Miles days	22. I HEREBY CERTIFY. Thet I attended deceesed from 2000. 3/ 198/
6. DATE OF BIRTH (month, day, and year) Oct 20 7 1879	I lest sew h elive on Dee 3/ 193/ death is said
7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the dete stated above, at / 2m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Chumi Julishtial cuflulis
work was done, as SILK MILLY to an eller of SAW MILL, BANK, etc.	
10. Date deceased last worked et allast this occupation (month and one manufacture) 12. BIRTHPLACE (city or town) (State or country) 11. Total time (yeers) spent in this occupation occupation 12. BIRTHPLACE (city or town) Manufacture .	Dther Contributory Causes of Importance:
E 13. NAME E Park Lauro	
14. BIRTHPLACE (city or town) Snow fill make (State or country)	Neme of operation
15. MAIDEN NAME Plana Laure 16. BIRTHPLACE (city or town) Somewhat It was a series of country) 17. INFORMANT John Laure (Address) New Sonk lede	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
19. UNDERTAKER A Slaw of Lucy and 20. FILED face 5, 1931. J. May Tuner Registrat.	Neture of injury 24. Was disease or injury in easy wey related to occupation of deceesed? 200 If so, specify (Signed) (Address) M. D.
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUCEAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 1	14770
PLACE OF DEATH .	STATE OF MARYLAND
County areginer Castern	Short CERTIFICATE OF DEATH
mal a Subsecus	los Sandreum Dist. No. 333
Village or City alisbury (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Mrs. Angelia	areas stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married, Wilowed. OR DIVORCED (Write the word)	16 DATE OF DEATH December 30, 1921 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decased from
Morenbu 30, 190/	that I last saw h fealise on Secentre 30, 1931,
7 AGE III LESS than	and that death occurred on the date stated above, at // 20 A. m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
3-0 yrs. / mos. — ds. or min.?	
(a) Trade, profession or R'work	Julianay Intriculores
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) 3 yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mary and	Secondary (Duration)
10 NAME OF Walter & Budson	(Signed) Charles A teenken M. D.
11 BIRTHPLACE	December 30,921. (Address) Jakis bury MA
OF FATHER (State or country) Mary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Evelyn Jurner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recant Residents) At place
OF MOTHER (State or Country) Maryland	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) William Fruitt	Former or usual residence
4 11 4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Transfurd Wille	Ovel Men Cemetry Jan 2, 1932
15 Filed Dec 30 1923/ D. May Turner	20 UNDERTAKER Dagstow (Lucy ADDRESS
If more blanks are needed, addre.s State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Dela.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tho first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation I If the occupation has been changed

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions a pawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tired 6 yrs). ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISPLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; a void inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the and consequences (e.g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions spawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Wicomico	Registration Dist. No. 333
Village or City Salisbury	No. Ohio ave St., 13 Ward
Length of residence in city or town where death occurred yrs 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Gamil, Parall	
	P.St., Ward.
(a) Residence: No. / 0 3 Whatufull md. (Usual pyce of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figural white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Hendel Powell	22. UNITEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, and year) 4.1.9-1851	I last saw like aliva on Dec 24 193/ daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7/15 7.m.
\$0 10 16 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Collows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Home Wife SAWYER, BOOKKEEPER, atc.	Chrolic Wellershill Sudy
SAWYER, BOOKKEEPER, atc.	sufficites outs.
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and other this programment and other this pr	
11. Total time (years) this occupation (month and 1931	
	Other Contributory Causes of importança:
12. BIRTHPLACE (city or town) (State or country) Mangland	Musik
13. NAME John Pabley	
13. NAME John Pably 14. BIRTHYLACE (city or town) Makely	Name of operation
(Sate of Country)	What tast confirmed diagnosis? Was. Jeres Was there en au'opsy?
15. MAIDEN NAME Mary Jaffe Garley	23. II death was due to amernal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME May Jafre Gailey 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Munice A Hamile (Address) Bishops Ma.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Livis Cen, Date Dec. 27, 193/	Nature of injury
19. UNDERTAKER M. Pasha watsons (Address) Independent of Del	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 27, 193V. D. May Turner Registrar.	(Signed) Alle A. M. D. M. D. (Appress) M. D. L.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	Example II		
The principal cause of death and related causes of importance were as follows: AN 6 1934	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RTRRAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JWy5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

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Exac	
6Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in prain terms so that it may be properly classified. Exastatement of OCCUPATION is very important. See instructions on back of certificate.	
be pr	
t may on bac	
AGE S that i	
supplied. I terms so lee instruc	(
H in prair	
F DEAT	
CAUSE C	
state ccupa	
n or nould t of o	
s sh men	
CIAN State	

PLACE OF DEATH County M. Conner	STATE OF MARYLAND CERTIFICATE OF DEATH
12 AP	Registration Dist. No. 33 Registration Dist. No. 33 (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I strended the deceased from 1937 to 192 , 192
7 AGE Uyrs. Umos. ds. lf LESS that I day hrs or min.	and that death occurred on the date stated above, at 670 A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER COUNTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address)
OF MOTHER OF MOTHER OF MOTHER (State or Country).	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Milson August	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) alitemy 100	Turning Hot. (Der) , 19/

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. busines-, that fact may be indicated thus; Furnier Destate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scream, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphthcria (avoid use of "Croup ed te: n for the same disease. Examples: Cerebrospina to time and causation), using always the same accept Statement of Cause of Death-Name, first, the 14-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopncumonia ("Pneumonia,

> Redata Mans

It this certificate is looked over thoroughly and all quistions is essential and must be obtained before the certificate is ered in detail, it will prevent further correspondence.

All the

permanently filed

Leginus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perstantis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Shock, " "Shock," "Shock, " tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (secondar. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease or intercurrent) affection need not be for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Measles (disease etc. The contributory death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Example II			
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes Date of onse of importance were as follows:		
Arteriosclerosis	JAN 6 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	milis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage	BUREAU V. 8.	July 5,1927	Peritonitis Peritonitis	3 days ago	
Other contributory ca	nuses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	PHYSICIAN
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V. S. No.

Z

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 33 C
Village or City Ollman (No. 2FULL NAME Onic Charles	St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 28 , 192/ (Month) (Day) (Year)
6 DATE OF BIRTH Supt (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1929 that I last saw h alive on 1929 1
7 AGE 92 yrs. 3 mos. 3 ds. or min.?	and that deeth occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Pretosis dellaront angina
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Child Contributory Child Contributory Child Contributory Child Contributory Children Contributory Contributory Courting Contributory Co
of 11 BIRTHPLACE	(Signed) M. D. KAR 29 1981 (Address) Driver Ad
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensiente or Recent Residents) At place of death yrs described State yrs described where was disease contracted,
(Informant)	if not at place of death? Former or usual residence.
(Address) Delman, Lal	Delmar In P. Cem 12-30-, 13/
15 Filed 1000 25 1923 1 WIT D Registrar	Will S. Marel La nar Del
If more blanks are needed, addresa State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Loat mine, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re-1) or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respectly to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles American Medical Association.) approved by Committee on clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Chronic etc. The contributory valvular Nomenclature of the heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207-9
County Wicomico	Registration Dist. No. 333
Village or City Salisbury	No foot of College ave No. 4. PT Myster
	death occurred in a horbital or institution, gife its NAME instead of street and number)
2. FULL NAME John Smith	
	Ck Ward
(a) Residence: No. Windamour (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH
male al Dont hour	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ont farm	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	19
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
about 40 or min.	The PRINCIPAL CAUSE OF DEATH end raleted causes of Importance were as follows:
8 Trade profession or particular	Railrond accident.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decased lest worked at this occupation (month and ACCASA) 11. Total time (years)	night shall crushed
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
O Date decased lest worked at 11. Total time (years)	no inquit
this occupation (month and Worth spent in this na occupation no	
12. BIRTHPLACE (city or town) Cunkname	Other Contributory Causes of Importance:
(State or country) unknown	
13. NAME 14. BIRTHPLACE (city or town) Surface (State or country)	
4. BIRTHPLACE (city or town). auchonam	Name of operation Date of
(State of country) aeroka acets	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Carefularity Stella or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Associate Data of Injury 175-, 19.3.
	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	con railing truch South Sulislang
18. BURIAL, CREMATION, OR REMOVAL Place Public Cernatery Date Del 9, 1931	Mannar of Injury and Manuel crushed - shull Neture of injury by acidwal train,
19. UNDERTAKER James F. Stewart (Address) 40 2 E. Church St Salisbury M.	24. Was disaese or injury in any way related to occupation of deceased?
20. FILED Dec 8, 1931. G. May June. Registrar.	(Signed) S. 7/7 while Curving M.O. (Address) Serlesday M.O. and early
(Acgistrar.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1./

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

smil	Example II		
	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

should state tem of infor-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	A	ren,	-45	a
- 8	4	1		1
-2	rill.		10	6

1. PLACE	OF DEAT	ГН				942
County Wicomico						Registration Dist. No. 335
Village or City Riverton, (If						No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth? yrs ds.
						now long in 0, 5, it of foreign birth?yrsmosas.
2. FULL N	AME	Annie	Tay	lor		
(a) Resid	ience: No		(Usus	l place o	of abode)	St., Ward. If nonresident give city or towo and State
PERSO	DNAL AN	D STATIST	ICAL P	RTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	OP DIVOPCED (querie the word)				(write the word)	21. DATE OF DEATH (Month) 193 I 193 (Veer)
5e. If married, wi HUSBAND o (or) WIFE o	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Taylor					22. I HEREBY CERTIFY, That I attended deceased from 21, 1931, to See 21, 1931
6. DATE OF BIRT	H (month, day	(, and year)	Nov 2	9 I	856	I last saw her alive on Sec 26 , 193/; death is said
7. AGE	Years 75	Months I	Da 22	ys	If LESS than I day,hrs. ormin.	to have occurred on the date steted ebove, at 30 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Housewife SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation (month end spent in this						Cerragnes Gectorio Date of one et
SAW SAW	wes done, as S MILL, BANK, e	SILK MILL,	House	wif	Э	
	To Dete decessed lest worked et this occupation (month end spent in this occupation occupation occupation				nt in this	
12. BIRTHPLACE (city or town) Louisburg, Pac (State or country)					Pa.	Dther Contributory Causes of Importance:
E 13. NAME Jacob De Frain						
13. NAME Jacob De Frain 14. BIRTHPLACE (city or town) Pa. (State or country)						Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy?
当 15. MAIDEN	NAME SU	isan Bo	oth.			23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Pa. (State or country)						Accident, suicide, or homicide?
17: INFORMANT John E. Taylor (Address) Riverton Md.						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL					0.1 27	Manner of injury
Plece Sharptown Date Dec 24 ,1931 19. UNDERTAKER . D. Gravenor & Bro,						Neture of injury
19. UNDERTAKER (Address)	W.D.G: She	ravenor arptown	& Br	0,		24. Was disease or Injury In eny way related to occupation of deceesed?
20. FILED Lee: 7 4 , 1931 - Mary E. Maren					Manuel Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
		If more	blanks are n	eeded, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	Panie W 14778
1. PLACE OF DEATH	222
County Hilomico	Registration Dist. No. 309
Village or City	No. 5/5 St., 3 W. (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	nos. ds. How long in U. S. if of foreign birth?yrs mos.
2. FULL NAME Fida Puell	aylow
(a) Residence: No. 515 Howard st. Salisfier (Usual place of abode)	7 (St., 13 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR TWORCED (write 10 word)	21. DATE OF DEATH Occ. 3/ (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased in
(or) WIFE of Haller J. Daylow	Jely , 193 1, 10 Dec 31, 193
DATE OF BIRTH (month, day, and year) 1744. 9. 188	I last such en alive on De 3 19 3 death is
AGE Years Months Days II LESS than	to have occurred on the date stated above, at \$500 m.
44 10 22 1 day, hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of or
SAWYER, BDDKKEEPER, etc.	Carrinona /
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done as SILK MILL.	eff. 0 0
AND AND AND DAME OF	the Stomach
10 Date deceased lest worked at this occupetion (month and spent in this	
year) occupation	Dther Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Maryland	
(State or country)	3
13. NAME Thomas H. Pulle	
14. BIRTHPLACE (city or town) Mayland	Name of operation
15. MAIDEN NAME Ella R. Bradly. 16. BIRTHPLACE (city or town) - Maryland P. Stele or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ella R. Bradley.	23. If death was dua to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of Injury, [9
(State or country)	Where dld Injury occur?
INFORMANT Plea. Ella R. Percella	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 5/5. Howard at. Jelistany Ma.	***************************************
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place auona lem, Date par 2: 193	Nature of injury
Holloway + UG	24. Wes disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address) Salidad Manland	If so, specify
124 2 22 Vr 21 - 01	(Signed)
0. FILED Jan 1996, D. May Mill Registrar.	(Address) Jalub m
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	212-1
County Vicinisi	Registration Dist. No. 333
Village or City Sulishing	S. Wolveful St., 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
7. 1. 1. 1.	
2. FULL NAME MANUEL CONTRACTOR OF THE PARTY	as Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) HITE of Rockray Juylo	22. I HEREBY CERTIFY. That I attended deceased from See 21, 1931, to See 21, 1931.
6. DATE OF BIRTH (month, day, and year)	I last saw h and elive on Dec 21 193/; death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8 Trade profession or particular	Imoline 4-6+7- Curilal of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end	cool
O 10 Date deceased lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Occo. G.	Other Contributary Causes of importance:
(State or country)	
II 13. NAME Saac Jayler	
13. NAME Stace Taylor 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city onlown) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Jampanager 19. UNDERTAKER (Addrass)	23. If daath was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? Assection. Data of injury 12, 19.34. Where did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Netura of injury Netura of injury wey related to occupation of dacasad? 14. If so, specify here as planning of face as additional forms of the second of
20. FILEO Dec 22, 193/. D. May Juner Registrar.	(Signad) M. D. (Address) Such along the M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	opinion of the state of the sta	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 833 AV	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

ai ei

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
Village or City Milosom (No. 61 & 8_	St.: / Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) / / (Year)
6 DATE OF BIRTH 30, 1931	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last eaw h alive on 193/,
7 AGE If LESS that I day 9 hr or min or min	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Tunden but
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Juny Gaylor	(Signed) M, D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13-BIRTHPLACE OF MOTHER (State or Country) Manylond	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) My Taylor Mid. (Address) Mobile of Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lowe premises Dec 1, 19 31.
Filed Dec / 1931 & May June Registrar	LO UNDERTAKER / ADDRESS ADDRESS Salisbury
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm loborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. business, that fact may be indicated thus; Farmor (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Stotionary firemon, etc. But in many For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is *Epidemic cerebrospinal meningitis"); *Diphilleria** avoid use of *Croup"); *Typhoid fever** (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia** ("Pneumonia,")

8

Sanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. televius) may be stated under the head of "contributory." (Recommendations on statement of cause of death If this certificate is looked over thoroughly and al questions American Medical Association. approved by Committee on "(Traemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumoniu (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar: unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide: or as probably such, if impossible to determine definitely. taken. Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be "Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage," Chronic valvulor heart disease; Example: Measles (disease etc. The Nomenclature of the contributory Poisoned by

STATE OF MARTLAND	CERTIFICATE OF DEATH 14/CI
1. PLACE OF DEATH	Parietration Diet No. 335
County // LOTTUDO	Registration Dist. No.
Village or City Than plower	No. St., Ward
Length of residence in city or town where doubt occurred 25 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darah M. Joade	ruce .
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widoweth or divorced HUSBAND of JEW phones Voadwine	22. I HEREBY CERTIFY, That I attended daceased from
1 + 1 .011	apr 130, to Dec 3 1931
6. DATE OF BIRTH (month, day, and year) 8, /83/	I last saw h
7. AGE Years Months Oays It LESS than	to have occurred on the data stated above, atm.
80 1 25 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Cabo EV SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (more than the count in the co	arterio Selenses
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
2 % ting occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	Trostatic by perfurthe
(State or country)	
13. NAME / ELVIN Voade WE	/
4 14. BIRTHPLACE (city or town)	Name of operationOata of
(State of country)	What test confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME MIRCOCOCO 18. BIRTHPLACE (city or town) //	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
5 Je: BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of Injury, 19
Stata or dountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JENOTOMINE V. Joaderine	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place That fown Date VEL 3 , 1931	Natura of Injury
19. UNDERTAKER TIN, Francisco Hoo, (Address) Sharptown, met.	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Dec. 3, 1931 Mary E. Manne Resistrar.	(Signed) A further M. D. (Address) A arter M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

4 100 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E Laboratoria Mr.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tho first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure, maemormage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

xacı	PLACE OF DEATH	14783 STATE OF MARYLAND
fled	County Wiformico	CERTIFICATE OF DEATH Registration Dist. No. 332
iy classi ificate.	Village or City Wellards Md (No. R-D.) 2FULL NAME Vergle L. Mruit	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF PEATH 30 , 1923/ (Month) (Day) (Year)
ons on t	Sept. 14, 193/ (Xionth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Seftember 14 1924, to Dec 30 , 1934, that I last saw 14 M alive on Dec 30 , 1924,
ns so th	7 AGE 3 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
t. See in	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Bronchofnemionia
ATH In pl	business, or establishment in which employed or (employer)	Contributory Secondary
OF DE	10 NAME OF James P. Truitt	(Signed) Trans R. Level M. D. 12-3 1931 (Address) Williams M. D.
CAUSE	OF FATTER (State or country) Maryland 12 MAIDEN NAME OF MOTHER MILABLE B. Bradle	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
d state	13 BIRTHPLACE OF MOTHER (State or Country) Willards Md.	ients or Recent Residents) At place
should ent of O	(Informant) Mildud B. Trutt	if not at place of death? Former or usual residence.
CIANS	(Address) Willards md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 31, 1831 ADDRESS ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of or At Home, and children, For many occupations a single word or term on Farm luborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation If the occupation has been changed not gainfully em-Locomotive materia engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease, Example: Measles (disease etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

- laborer, Farm laborer. Laborer-Coal mine, etc. Womdefinite salary), may be entered a House wife, Houseen at home, who are engaged in the duties of the er," etc., household only (not paid Housekeepers who receive a business, that fact may be indicated thu : Farmer (restate occupation at beginning of illness If retired from or given up on account of the pishase carriag bearing gaged in domestic service for wage. a Servent, Cook ployed, as At "chool or At home. Care should be taken Never return "Laborer;" "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; if whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has the changed to report specifically the occupations of persons enworked on may form part of the second statement should be used only when needed. As champles: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc For many occupations a single word or term on OF. At Home, and children, not gainfully emwithout more precise specification as Day T': material Crocery; cugincer.

EASE CACSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epitemic car brospinal meningitis"); Diphtheria (avoidness of "('roup"): Typhoid fever (never report "Typhoid pneumonia"):

ducues diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," Nonmelature of the American Medical Association.) ment of as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerereal septicaemia." "Puerreral poritonitis," "Dropsy." "Exhaustion." "Heart failure." "Haemor-rhage." "Inanition." "Marasmus," "Old Age." "Shock," condition as "Asthenia." Poisoned by carbolic acid-probably suicide. train-uccident: Revolver wound of head-homicide; Examples: State cause for which surgical operation was under-"Uraemia," 'Weakness," etc., when a definite disease ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. inges, peritonacum, etc., vulsions." Chronic interstitial nephritis, etc. The contributory " nomur" to osu unqualified, is indefinite); Tuberculosis of lungs, men (secondary Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY deuth), 29 ds.; Bronchopneumonia the injury, as fracture of skull, and conse-"contributory." (Recommendations on state-(e. g., sepsis, tetanus) may be stated under the cause of death approved by Committee "Debility" ("Congenital," "Senile." etc.) Accidental drowning; Struck by railway or intercurrent) affection need not be for malignant neoplasms); Meastes; Chronic valvular heart discase; Carcinoma, Sarcoma, etc., oi Example: Measles "Amaemia" "Сопла," (disease (second-(merely

In this certificate is locked over thoroughly and all questions enswered in detail, it will prevent further correspondences, all the data is essential and must be obtained before the tertificate is permanently filed.

V. S. No.

N.B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 356
Village or Cites Dolland (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in stead of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensel 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec /9 , 193/
6 DATE OF BIRTH G , 1866 Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
7 AGE If LESS than I day hrs. hrs. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH; was as follows: Committed franchis by franchis
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. mos. ds.
State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Signed) Harry E. Hussa Cotoner M. D. Del. 19th 1921 (Address) Delman Del.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds. Where was disesse contracted, if not at place of death?
(Address) Heavy Deliner Deline	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Manual ADDRESS ADDRESS
Registrar	r, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer the household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material . (b) Grocery

Statement of Cause of Death—Name, first, the nilsease Causing Death (the primary affection with respect to time and causation), using always the same abcepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on as fracture of skull, and consequences (e. g., sepsis aecident; Revolver wound of head-homicide; Poisoned by stated unless important. Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, mendanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease Nomenclature of the

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tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. orer, Farm laborer, who are Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. Laborer-Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart Nomenclature The contributory Always qualify all not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAA

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

1 PLACE	OF DEATH	JF MARI	rLAND-	CERTIFICATE OF DEATH 14787
	lucomie	00		Registration Dist. No. 333
Village or	r City Salinle	ury	(1)	No. Take St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of r	residence in city or town where	death-occurred	yrsmos	ds. How long la U.S. if of foreign birth?yrsmos ds.
2. FULL N (a) Resid	JAME Mashewa	St. (Usual place o	(arro	St., 9 Ward. If nonresident give city or town and State
PERSC	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Lember (Month) (Day) (Year)
5a. If married, wid HUSBAND of (or) WtFE of				22. I HEREBY CERTIFY. That I attended deceased from
	Sin			, 19, to
	H (month, day, and year) / 9 Years Months	Days	If LESS than	I last saw h alive on, 19; deeth is said to have occurred on the date stated above, atm,
ahaut		- Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:
OL SAWY	ofession, or particular of work dona, as SPINNER, ER, BDDKKEEPER, etc. or business in which was dono, as SILK MILL, MILL, BANK, etc.	Sam n/	Barket factor	Strangulation - hund Data of one et
- tilla 06	eased last worked at coupation (month and 19 02.	2 11. Total tin	ne (years) haut tin this / o yes pation	Dither Contributory Causes of importance:
(Stata er c			á	
13. NAME	Horay She	lliam		
14. BIRTHPLA	ACE (city or town)	homore		Name of operation
15. MAIDEN I	Carried Co.	Hon	sly	What test confirmed diagnosis?
16. BIRTHPLA	ACE (city or town)	andsce	el	Where did Injury occur? Un how Count House
17. NEORMANT	Tax addie 1	Blace	h	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Public whether Count June Land
N	IATION, DR REMOVAL	y mil	0 1 6	Manner of Injury
Place	auden Odson	d-Date-HULL		Nature of injury Broken wells shamqulation
19. UNDERTAKER (Address)	1 seewa	lun 6	Wd_	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED. De	c 6, 1931 &	+ May	humer. Registrar.	(Signed) S.74 White, Curren Mo. (Address) S.74 white Salesbus
	If more	blanks are weeded, an	Idress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		and the state of t	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterities	1 year
		Iga Olo	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYLAND	CERTIFICATE	OF DEA	IH , , ,	6.0
1. PLACE OF DEATH	Dr. H	Ailes (158)		14/	80
County Hilomile			Registration D	ist No 13	3.3
Village or City Salishing		No. R. D. #1, I death occurred in a hospital or institu		St.,	7 War
Length of residence in city or town where deat		ds How long In U.S. if o			
2. FULL NAME James E. (a) Residence: Vo. R.D. #/1	Seletury Md.	St., 7 Ward.			
PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL C	If nonresident g	OF DEATH	nd State
1	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Dec.	31	102
Male of nice	single!	anasan namatan	(Month)	(Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WiFE of	54	22. HEREBY	CERTIFY	× .	ed deceased from
DATE OF DIPTH (most) day and many	nr 22. 1921	l last saw harmelive on	we do		: death is sa
. DATE OF BIRTH (month, dey, and year)	Days If LESS than	to have occurred on the dete state			, Ueatii 15 5a
0 1	8 I day, hrs. or min,	The PRINCIPAL CAUSE OF DEAT were as follows:	II end related causes	s of importance	Date of once
8. Trade, profession, or perticular kind of work done, as SPINNER,	7 .	name		utretion.	- 6
SAWYER, BOOKKEEPER, etc.	me	1	need on the	1)	B
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and		- practically storm	g to death.	Cart of	100
fp. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation				
PIRTURE OF CHARLES MARKET	land	Other Contributory Causes of Impo	~		
2. BIRTHPLACE (city or town) (State or country)	A	man	un		
13. NAME Elfert III. 14. BIRTHPLACE (city or town). Many	lliamon				
14. BIRTHPLACE (city or town) & Mary	land	Neme of operation		Date of.	
(State of country)	· 1 000 H	What test confirmed diagnosis?		Was there ar	autopsy?
15. MAIDEN NAME AND MELLEN MEL	Maryland	23. If death was due to external cau Accident, suicide, or homicide?			
7. INFORMANT Elbert Millian (Address) P.D. H. Jak. Jak.	neon ,	Where did injury occur? Specify whether injury occurred in	(Specify city or to 1 INDUSTRY, In HOM	own, county and Si IE, or in PUBLIC P	lale) PLACE.
8. BURIAL, CREMATION OF RAMAVAL PLANTED PROPERTY PROPERTY PLANTED PROPERTY PROPERTY PLANTED PROPERTY PRO	Jan 2, 132	Manner of injury			
9. UNDERTAKER Holloway + Co., (Address) Salished Man	land.	24. Wes disease or injury in any w	ey related to occupat	ion of deceased?	bid
00 FILED Jan 2 132 M.	May Jurus	(Signed) A. A.	(e) ande	2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I/ED		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Conductal hemography of the Co	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
		DOLLAR DESCRIPTION		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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